

2001 UNIFORM BUSINESS REPORT (UBR)

0023335 AF

DOCUMENT # L00000014258

1. Entity Name

TRAVELATRO.COM, L.L.C.

FILED

01 MAY -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6061 CAYMUS LOOP
WINDERMERE FL 34786

Mailing Address

6061 CAYMUS LOOP
WINDERMERE FL 34786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6925 Lake Ellenor Dr.

3. Mailing Address

6925 Lake Ellenor Dr.

Suite, Apt. #, etc.

Suite 125

Suite, Apt. #, etc.

Suite 125

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3680267

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALMI, PAAVO
6061 CAYMUS LOOP
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR ☐ Delete
STREET ADDRESS SALMI, PAAVO
CITY-ST-ZIP 6061 CAYMUS LOOP
WINDERMERE FL 34786

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400004335674-6
CITY-ST-ZIP -05/31/01--01044--003
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 407-851-5646 ext 21
Date Daytime Phone #

CR2E083 (11/00)